

RUN DATE: 05/27/03  
 RUN TIME: .1157

S. MEMORIAL HOSPITAL LABORATOR.

ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO, MA 02703

Name: [REDACTED] Age/Sex: 26/F Attend Dr: [REDACTED]  
 Acct#: [REDACTED] Unit#: [REDACTED] Status: DEP ER DOB: [REDACTED]  
 Reg: 05/19/03 Location: ER

Specimen: [REDACTED] COMP Collected: 05/19/03-1140 Received: 05/19/03-1142

Test Low Normal High Flag Reference

GLUCOSE 89 70-125 mg/dL

Specimen: [REDACTED] COMP Collected: 05/19/03-0002 Received: 05/19/03-1213

Test Low Normal High Flag Reference

GLUCOSE-CSF 57 40-80 mg/dL  
 PROTEIN-CSF 25.5 15-45 mg/dL

Specimen: [REDACTED] COMP Collected: 05/19/03-UNK Received: 05/19/03-1218

Test Low Normal High Flag Reference

Test	Low	Normal	High	Flag	Reference
CELL CT					
FLUID TYPE		CSF			
TUBE #4					
WBC-FLUID		0			/MM3N
RBC-FLUID		0			/MM3
VOLUME		5 ML			
APPEARANCE		COLORLESS			
COLOR		CLEAR			

Specimen: [REDACTED] COMP Collected: 05/19/03-UNK Received: 05/19/03-1217

Test Low Normal High Flag Reference

Test	Low	Normal	High	Flag	Reference
CELL CT					
FLUID TYPE		TUBE #1			
WBC-FLUID		4			/MM3N
RBC-FLUID		36			/MM3
VOLUME		2 ML			
APPEARANCE		CLEAR			
COLOR		COLORLESS			

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RUN DATE: 05/27/03  
 RUN TIME: 1157

S. Y MEMORIAL HOSPITAL LABORATORY  
 211 Park Street - Attleboro, MA 02703  
 ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO, MA 02703

Patient:	(Continued)			
Specimen:	COMP	Collected: 05/19/03-1145	Received: 05/19/03-1154	
Test	Low	Normal	High	Flag Reference
VDRL-CSF	SENT TO REFERENCE LAB--RESULTS PENDING			

Specimen:	COMP	Collected: 05/19/03-1140	Received: 05/19/03-1142	
Test	Low	Normal	High	Flag Reference
CRYPTO AG	(a)			
	SPECIMEN TYPE: SERUM			
	RESULT: NEGATIVE			
	Test performed by:			
	Associated Regional and University Pathologists, Inc. (ARUP)			
	500 Chipeta Way, Salt Lake City, Utah 84108			
LYME DISEASE AB	0.81(a)			0.00-1.20 LIV
	REFERENCE INTERVAL: Borrelia burgdorferi Abs, Total by ELISA			
	Less than 1.00 LIV Negative; Antibody to Borrelia burgdorferi not detected.			
	1.00	1.20 LIV	Equivocal. Repeat testing in 10-14 days may be helpful.	
	Greater than 1.20 LIV Positive: Probable presence of antibody to Borrelia burgdorferi detected.			
	LIV = Lyme Index Value			
	Current CDC recommendations for the serologic diagnosis of Lyme disease are to screen with a polyvalent ELISA test and confirm equivocal and positive with Western blot. Both IgM and IgG Western blots should be performed on samples less than 4 weeks after appearance of erythema migrans. Only IgG Western blot should be performed on samples greater than 4 weeks after disease onset. IgM Western blot in the chronic stage is not recommended and does not aid in the diagnosis of neuroborreliosis or chronic Lyme disease.			

(a) Associated Regional and University Pathologists, Inc.  
 500 Chipeta Way, Salt Lake City, Utah, 84108

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RUN TIME: 1197

## ACTIVITY REPORT BY LOCATION AND DOCTOR

ATTLEBORO, MA 02703

Patient: [REDACTED]

(Continued)

Test	Low	Normal	High	Flag Reference
Please submit requests for appropriate Western blot testing within 10 days.				
The above test was performed at: Associated Regional and University Pathologists, 500 Chipeta Way, SLC UT 84108				
LYME DIS REF PL (2)				
LYME DIS POLY		0.80		0.00-1.20 LIV
REFERENCE INTERVAL: Borrelia burgdorferi Abs Total by ELISA				
Less than 1.00 LIV .... Negative: Antibody to Borrelia burgdorferi not detected				
1.00 - 1.20 LIV ..... Equivocal: Repeat testing in 10-14 days may be helpful				
Greater than 1.20 LIV ..... Positive: Probable presence of antibody to Borrelia burgdorferi detected				
LIV = Lyme Index Value				
If the Borrelia burgdorferi Abs, Total by ELISA results are negative, no further testing is done.				
LYM G WEST RBFL		NOT DONE		
TEST INFORMATION: Borrelia burgdorferi Ab, IgG by Western Blot				
IgG Positive: Any 5 of the following 10 bands: 18, 23, 28, 30, 39, 41, 45, 58, 66, or 71 kDa				
IgG Negative: Any pattern that does not meet the IgG positive criteria.				
LYME M WEST REX		NOT DONE		
TEST INFORMATION: Borrelia burgdorferi Ab, IgM by Western Blot				
IgM Positive: Any 2 of the following 3 bands: 23, 39, or 41 kDa.				
IgM Negative: Any pattern that does not meet the IgM positive criteria.				
The above 03 tests were performed at: Associated Regional and University Pathologists, 500 Chipeta Way, SLC UT 84108				

(b) Associated Regional and University Pathologists, Inc.  
500 Chipeta Way, Salt Lake City, Utah, 84108

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RUN DATE: 05/27/03  
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S Y MEMORIAL HOSPITAL LABORATORY  
211 Park Street - Attleboro, MA 02703  
ACTIVITY REPORT BY LOCATION AND DOCTOR

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ATTLEBORO, MA 02703

Patient: [REDACTED]

(Continued)

Specimen: [REDACTED]

COMP

Collected: 05/19/03-UNK  
Source: CSF

Received: 05/19/03-1216  
Sp Descrip:

Procedure

Result

GRAM STAIN Final

NO ORGANISMS SEEN

WBCS:

NONE SEEN

CNS CULTURE Final

NO GROWTH

Specimen: [REDACTED]

COMP

Collected: 05/19/03-1145  
Source: CSF

Received: 05/19/03-1154  
Sp Descrip:

Procedure

Result

INDIA INK Final

NEGATIVE

Specimen: [REDACTED]

RES

Collected: 05/19/03-UNK  
Source: CSF

Received: 05/19/03-1216  
Sp Descrip:

Procedure

Result

FUNGUS CULTURE Preliminary

NO FUNGAL GROWTH AT FIVE DAYS, REINC

\*\* END OF REPORT \*\*

RUN TIME: 0043  
RUN USER: OFFICE.SL

STANDARD REPORT

PHYSICIAN

Name: [REDACTED] Age/Sex: 25/F Attend Dr: [REDACTED]  
Acct#: [REDACTED] Unit#: [REDACTED] DOB: [REDACTED] Location: ER  
Reg: 05/19/03 Status: DEF ER

SPEC # [REDACTED] RECD: 05/19/03-1300 STATUS: [REDACTED]  
COLL: 05/19/03- SUBM DR: [REDACTED]  
ENTERED: 05/19/03-1336 SP TYPE: NON GYN CY OTHR DR: ER

This is a corrected report.  
Any previous versions are stored internally and are available if necessary.

TYPE, SOURCE OF SPECIMEN

SPINAL FLUID - 5 CC. CLEAR FLUID

NONGYN

INTERPRETATION: NEGATIVE FOR MALIGNANCY.  
SCANT CELLULAR MATERIAL. ANUCLEATED SQUAMOUS CELLS AND  
LYMPHOCYTES.

Signed [REDACTED]

[REDACTED] 05/19/03

\*\* END OF REPORT \*\*

RUN DATE: 05/03/03  
RUN TIME: 1202

STURDY MEMORIAL HOSPITAL LABORATORY  
[REDACTED] Attleboro, MA 02703

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ACTIVITY REPORT BY LOCATION AND

ATTLEBORO, MA 02703

Name: [REDACTED]	Age/Sex: 26/F	Attend Dr: [REDACTED]			
Acct#: [REDACTED]	Status: REG REF	DOB: [REDACTED]			
Reg: 05/02/03	Location: LAB				
Specimen: [REDACTED]	COMP	Collected: 05/02/03-1208			
		Received: 05/02/03-1211			
Test	Low	Normal	High	Flag	Reference
> CPK			222	H	24-175 U/L
> CKMB			7.34	H	0-5 ng/ml
> CKMB INDEX			3.3	*H	0-0.99 %
INTERPRETATION OF MB INDEX:					
CKMB INDEX					
< 3.0 ng/mL and < 1.0%					
> 3.0 to < 7.0 or > 1.0 to < 2.5%					
> 7.0 ng/mL > 2.5%					
INTERPRETATION					
negative					
indeterminate					
consistent with MI					

\*\* END OF REPORT \*\*



RUN DATE: 05/16/03  
RUN TIME: 1335  
RUN USER: DO.NEUR

Sturdy Memorial Hospital LAB \*LIVE\*  
SMH SPECIMEN INQUIRY  
PCI User: DO.NEUR Lab Database: LAB.STU

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PATIENT: [REDACTED]

REG DR: [REDACTED]

ACCT #: [REDACTED]  
DOB: [REDACTED]  
STATUS: REG REF

LOC: MRI  
ROOM:  
BED:

U #: [REDACTED]  
REG: 05/10/03  
DIS:

Specimen: [REDACTED]

Collected: 05/10/03-1518 Status:  
Received: 05/10/03-1518 Subm Dr:

COMP [REDACTED]

Ordered: SED RATE

Test

Result

Flag

Reference

> ESR (WESTERGREN)

5

0-20 mm/HR

\*\* END OF REPORT \*\*

RUN DATE: 05/16/03  
RUN TIME: 1335  
RUN USER: DO.NEUR

Sturdy Memorial Hospital  
SMH SPECIMEN INQUIRY  
PCI User: DO.NEUR Lab Database: LAB.STU

PATIENT: [REDACTED] ACCT #: [REDACTED] LOC: MRI U #: [REDACTED]  
AGE/SEX 26/F DOB: [REDACTED] ROOM: REG: 05/10/03  
REG DR: [REDACTED] STATUS: REG REF BED: DIS:

Specimen: [REDACTED] Collected: 05/10/03-1518 Status: COMP Req#: [REDACTED]  
Received: 05/10/03-1518 Subm Dr: [REDACTED]

Ordered: B12, FOL, CRP, RF

Test	Result	Flag	Reference
> VITAMIN B12	393		226-966 pg/ml
> FOLATE	> 20	H	2.3-20.0 ng/mL
> C-REACTIVE PROTEIN	0.1		0-2.0 mg/dL

  

QUARTILE	CARDIAC RISK
*****	*****
Q1: < 0.55 mg/dL	LOW
Q2: 0.55 - 0.99 mg/dL	1.7 x risk of Q1
Q3: 1.0 - 2.1 mg/dL	2.6 x risk of Q1
Q4: > 2.1 mg/dL	3.0 x risk of Q1
	<14 IU/ml

  

> RHEUMATOID FACTOR	7
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\*\* END OF REPORT \*\*



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RUN DATE: 05/16/03  
RUN TIME: 1335  
RUN USER: DO.NEUR

Sturdy Memorial Hospital LAB \*LIVE\*  
SMH SPECIMEN INQUIRY  
PCI User: DO.NEUR Lab Database: LAB.STU

PAGE 1

PATIENT: [REDACTED]  
AGE/SEX 26/F  
REG DR: [REDACTED]

ACCT #: [REDACTED]  
DOB: [REDACTED]  
STATUS: REG REF

LOC: MRI  
ROOM:  
BED:

U #: [REDACTED]  
REG: 05/10/03  
DIS:

Specimen: [REDACTED]

Collected: 05/10/03-1518 Status: COMP Req#: [REDACTED]  
Received: 05/10/03-1518 Subm Dr: [REDACTED]

Ordered: RPR

Test	Result	Flag	Reference
> RAPID PLASMA REAGIN	NON REACTIVE		NONREACTIVE

\*\* END OF REPORT \*\*